

Coordinated Human Services Transportation Plan for Warren, Washington, and northern Saratoga Counties

Draft for Public Review

February 20, 2008



Acknowledgments

A/GFTC wishes to thank the representatives from the following organizations and municipalities for lending their time, experiences and expertise towards the preparation of this document:

Adirondack Manor HFA
Eden Park Health Care Center
Community, Work, and Independence
Cornell Cooperative Extension (Warren County)
Glens Falls Hospital
Glens Falls Housing Authority
HomeFront Development Corporation
Liberty House Foundation, Inc.
The Oaks at Fort Hudson
Office for Community Services for Warren and Washington Counties
Pleasant Valley Nursing Home
Prospect Child and Family Center
Voices of the Heart, Inc.
Warren County Assigned Counsel
Warren County Board of Supervisors
Warren County Health Services
Warren County Public Defender's Office
Warren County Probation Department
Warren County Department of Social Services
Warren County Veterans Services
Warren County Youth Bureau
Warren/ Hamilton County Office for the Aging
Warren-Washington County ARC
Washington County Office of the Administrator
Washington County Office for the Aging
Washington County Board of Elections
Washington County Department of Social Services
Washington County Economic Opportunity Council
Washington County Veterans Service Agency
Washington County Youth Bureau
Westmount Health Facility

1. Introduction

The Adirondack /Glens Falls Transportation Council is recognized by the Federal Highway Administration (FHWA) and Federal Transit Administration (FTA) as the designated Metropolitan Planning Organization (MPO) for Warren and Washington Counties, and the Town of Moreau in Saratoga County. The mission of the MPO is to facilitate cooperative transportation planning and decision-making between area municipalities and state and federal agencies and to establish a process for the allocation and use of federal highway and transit funds available to the region. In addition, A/GFTC is responsible conducting a continuing, comprehensive and cooperative transportation planning process and for developing and updating a short-term program of federally funded transportation projects known as the Transportation Improvement Program (TIP) and a regional long-range transportation plan (LRP). As part of the ongoing planning process, A/GFTC has worked closely with Greater Glens Falls Transit (GGFT), New York State Department of Transportation, area municipalities and human service agencies and transportation providers to develop this regional Coordinated Human Services Transportation Plan (HSTP).

Current federal transportation law adopted in 2005 and known as the Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU, hereafter referred to as SAFETEA) made a number of changes to the transportation planning process. Among those new provisions was the requirement for areas to have in place a coordinated public transit-human services transportation plan in order to access certain new and existing programs funded by the Federal Transit Administration (FTA). Those programs are:

- Section 5310 - Elderly and Individuals with Disabilities
- Section 5316 - Job Access and Reverse Commute (JARC)
- Section 5317 - New Freedom

SAFETEA requires that projects selected for funding under the three programs be “derived from a locally developed, coordinated public transit-human services transportation plan,” and that the plan be “developed through a process that includes representatives of public, private and nonprofit transportation and human services providers and participation by the public.”

The purpose of the HSTP is to develop a process that will help to improve transportation services for aging adults, persons with disabilities and individuals with economic disadvantages within the planning area. This Plan will provide a structure for the development of projects that will address the transportation needs of the targeted populations by improving coordination between the many transportation stakeholders (agencies, clients, operators and regulatory entities).

A specific goal of the Plan is to improve the effectiveness and efficiency of transportation services provided in the area by reducing service duplications, identifying and addressing service gaps, extending the range of services available throughout the area, maximizing interagency cooperation, and prioritizing future investment strategies and candidates.

2. Federal Transit Programs that require a HSTP

Section 5310 provides 80-20% grant funding, usually for capital projects, to private nonprofit groups and selected public entities to help address the transportation needs of their elderly and disabled clients. Ideally, 5310 funds are awarded only in cases where existing transportation services (public and private) are unavailable, insufficient, or inappropriate to meeting those needs. Examples of eligible capital expenses include but are not limited to:

- purchase or lease of new vehicles
- vehicle rehabilitation and preventative maintenance
- communications equipment
- component installation costs
- acquisition of transportation services under contract
- technology and transit-related intelligent transportation systems (ITS)
- new mobility management and coordination programs among public and/or human service transportation providers

Presently the 5310 program is administered by NYSDOT with A/GFTC provided a limited opportunity to review applications. NYSDOT makes the final decision to which applicants receive funding. Several organizations within the A/GFTC Planning and Programming Area have applied for 5310 funding, including:

- Transit Connection/Community Workshop Inc.(now known as Community, Work and Independence)
- Moreau Community Center
- Hudson Headwaters Health Network
- Saratoga ARC
- Adirondack Tri-County Nursing and Rehabilitation, Inc.
- Battenkill Community Services, Inc.

To date, all applications reviewed by A/GFTC have been for new vehicle purchases.

Section 5316 is a grant program designed to assist municipal and non-profit entities with the provision of transportation services for low-income persons to and from jobs (Job Access) and for residents of urban, rural and suburban areas to suburban employment (Reverse Commute). Funding is apportioned directly to public transit systems. Eligible expenses for 5316 funds include but are not limited to:

- expanded fixed-route transit operations, including late-night and weekend services
- promoting use of transit by workers with nontraditional work schedules
- transit vouchers
- use of employer-provided transportation
- establishing and operating demand-responsive services
- ridesharing and carpooling activities
- establishing regional mobility managers or transportation brokerage activities

Section 5316 is now a formula program as opposed to the previous discretionary program. As is the case with 5310, the Federal/local share is 80/20 for capital projects; operating projects are funded at a 50/50 share. Twenty percent of the overall national program total is proportioned between smaller urbanized areas (those with populations less than 200,000 persons) based upon relative populations of low-income persons within those areas.

Section 5317 is a new formula grant program for services and facility improvements that address the transportation needs of persons with disabilities by providing accommodations that exceed the minimum requirements of Americans with Disabilities Act (ADA). 5317 funds can be used for associated capital and operating costs to provide these services including but not limited to purchasing vehicles, support for accessible taxi, ride-sharing, and vanpooling programs, expanding the range of required paratransit service and supporting mobility management and coordination programs .

Federal funds are allocated on a discretionary basis based upon the number of persons with disabilities. As is the case with 5316 funds, 20% of the national funding totals are to be apportioned to small urban areas. The Federal share for the net project capital cost of a project may be up to 80 percent but not more than 50 percent of the net operating cost of a project.

3. Regional Geography and Demographics

- Geography

The Planning and Programming Area for A/GFTC includes Warren County, Washington County, and the Town of Moreau in Saratoga County. The major population center within this area is the Glens Falls Urban Area that includes the following municipalities:

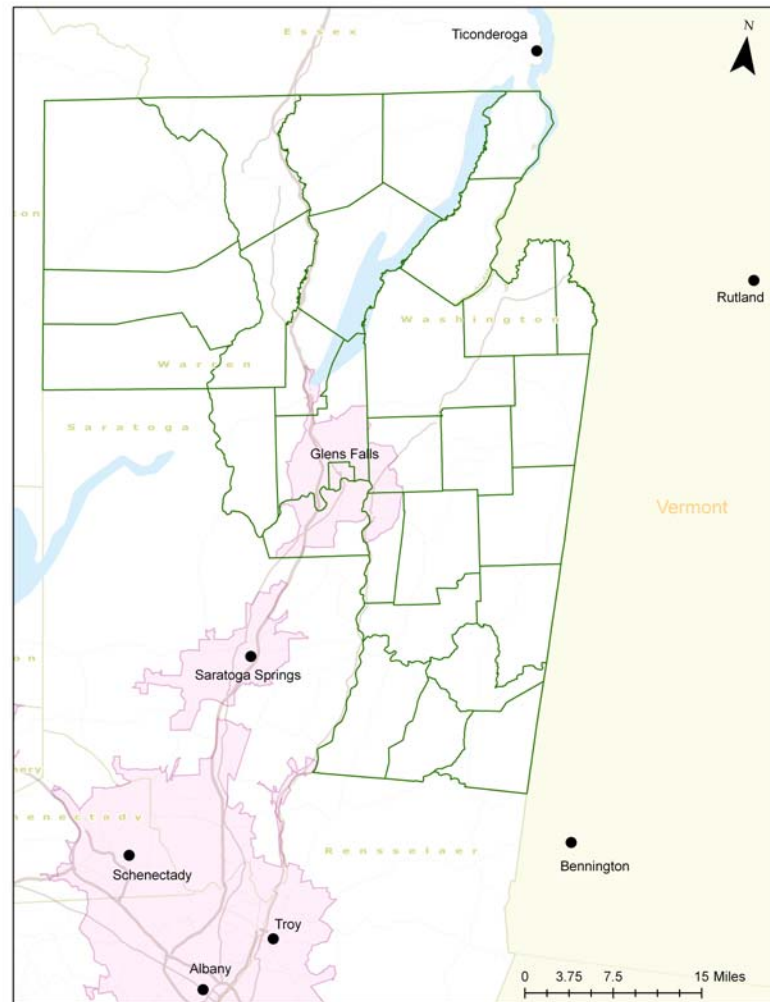
- City of Glens Falls
- Town and Village of Fort Edward
- Village of Hudson Falls
- Town of Kingsbury
- Town and Village of Lake George
- Town of Moreau
- Town of Queensbury
- Village of South Glens Falls

The Urban Area is located at the southeastern extreme of Warren County and the western extreme of Washington County. This poses some inherent difficulties in access to services as the majority of the region's land area and approximately ½ of its population are rural. Many of those rural residents are located in outlying hamlets and villages, including:

- Village of Cambridge
- Chestertown
- Village of Granville
- Village of Greenwich
- North Creek
- Village of Salem
- Warrensburg
- Whitehall

As shown in *Map 1*, other outlying service areas are closer to certain subareas of the A/GFTC area: Albany, Saratoga Springs and Bennington (VT) are potentially more convenient to southern Washington County, while Ticonderoga is a frequent destination for those living in northern Warren or northern Washington Counties. Rutland, VT also attracts service clients from northeastern Washington County.

**Map 1 – A/GFTC
Planning and
Programming Area
with proximity to
other service areas**



- Population Patterns

Within the A/GFTC area, population grew by 5.0% between 1990 and 2000, the highest growth rate among urbanized areas in upstate New York during that time. However, most of that growth occurred in suburban areas; populations of the City and urban Villages declined by rates ranging from 3.9% to 11.8% during that time. The trend of rural and suburban areas growing at higher rates as traditional urban area populations decline is common throughout the United States and highlights the decentralization that is occurring within the Glens Falls area itself. While more and more people are relocating to the area, they are typically settling at greater distances from established service areas. The land use implication of this trend is that the service sector will follow its clients, further exacerbating decentralization and making access to those services that much more difficult to coordinate.

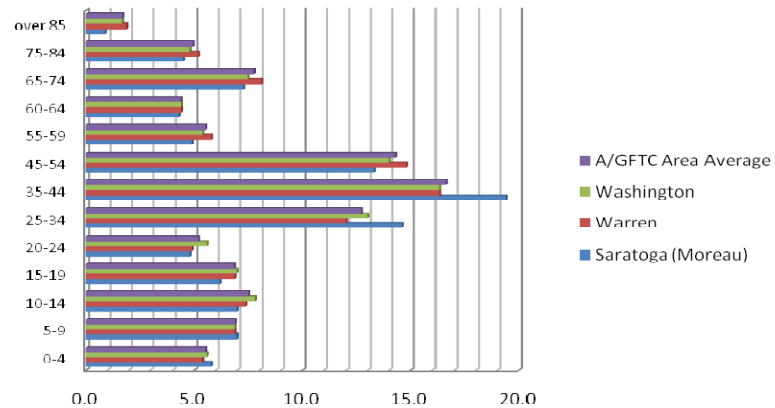
- Aging Demographics

Figure 1 shows that regional population distribution within the A/GFTC area has been far from uniform across age segments. In 2000, the age segments with the largest number of persons were 45-54 years old and 35-44 years old (14.3% and 16.6% of the total population). Future growth in the older age brackets is expected to be higher than in other segments as advances in medical technology continue to prolong life and as people currently in the middle age brackets grow older. Although it is more common for seniors to choose to continue to own and operate their own vehicles well into the later stages of life than it has been in the past, the eventual

aging of the now middle-aged populations is expected to generate a significant increase in the demand for human services and transportation assistance.

**Figure 1 –
Percentage of Total
Population by Age
Group**

Source: 2000 Census
of Population



- Disability Data

Persons with disabilities can be used as an indicator of need for services. According to the *2005 American Community Survey*, 14.6% of the overall population is living with one or more physical disabilities. As the relative percentage of persons with disabilities tends to increase by age segment, it can be expected that the number of disabled persons will continue to increase.

- Automobiles per Household

Access to automobiles is another important determinant of regional mobility. The mean number of automobiles available per household decreased slightly between 1990-2000, while the number of households with no automobile increased slightly. While not yet statistically significant, these trends are also expected to continue in the near future as the costs associated with auto ownership continue to rise. This will place a greater demand on shared transportation services.

- Income

Poverty statistics show that 11.6% of the A/GFTC area population in 2000 lived below the poverty level based upon 1999 income levels, a percentage that is well below the 2000 New York State average of 18.6%. Using a more refined analysis, A/GFTC's *Environmental Justice Review* (2005) identified 16 Census Block Groups in its Planning and Programming Area that had an average household income of 80% or less of the median county household incomes (see *Map 2*). While most of those areas occurred within the Greater Glens Falls area, several rural areas displayed distinct moderate income populations, including:

- Town of Johnsbury
- Town of Warrensburg
- Town and Village of Whitehall
- Town and Village of Granville
- Town of Argyle

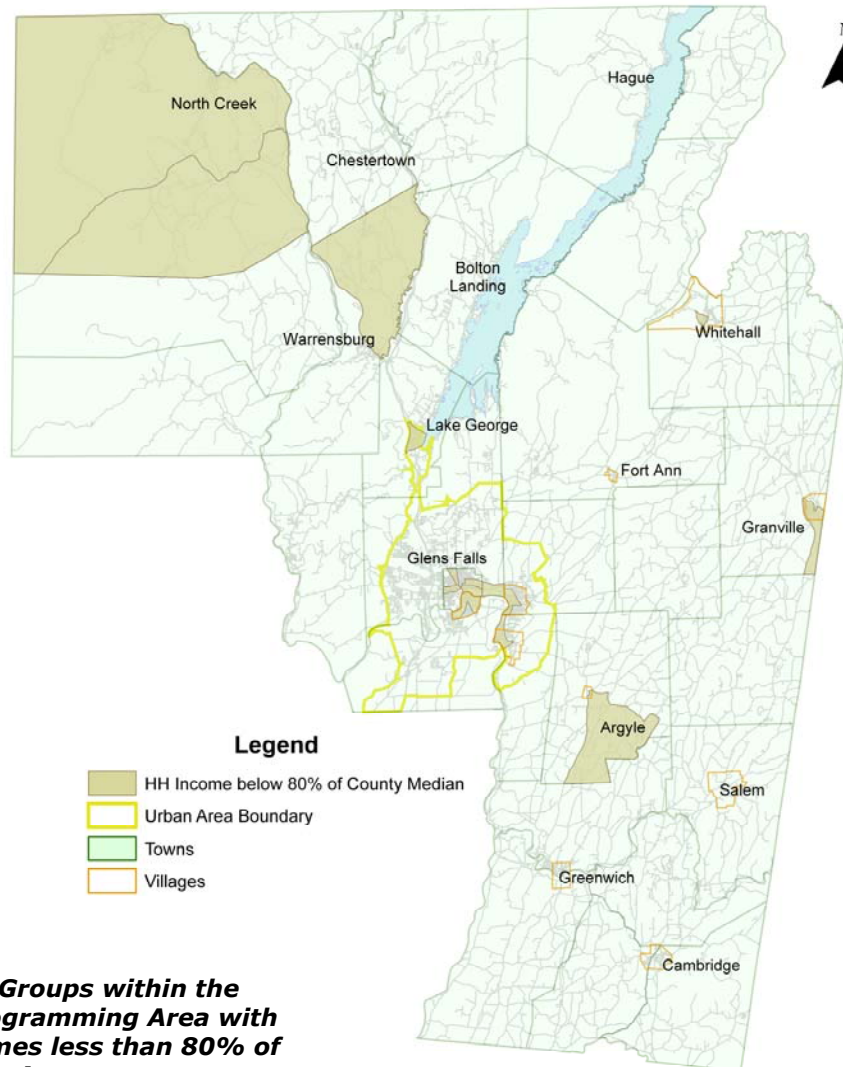
- Conclusions from Census data

The A/GFTC Planning and Programming Area is characterized by a unique geography in that the concentration of human service providers is not central to either Warren or Washington Counties, and in many cases is not much closer to residents of Moreau than the Saratoga Springs area. The Albany-Troy-Schenectady area is actually closer to residents of southern Washington

County than Glens Falls, and residents of the northern areas of Warren and Washington County may choose to utilize services based in Ticonderoga or Rutland, VT. Therefore, although the Glens Falls area is a regional population and service hub, it may not be the primary destination for all clients in the Planning and Programming Area.

Age data suggests that although there is not a disproportionate percentage of elderly persons currently living in the area, those populations are certain to increase as compared to other age cohorts. Income data suggests that rates of poverty within the A/GFTC area are well below state averages, but certain outlying rural areas warrant additional consideration. The trends indicating a gradual decline of automobiles per household and a gradual increase in households with no automobiles are expected to continue as fuel and commodity costs rise in proportion to income.

All of these factors contribute towards the demand for human service transportation, but it is the broad geographic distribution of clients and providers coupled with multiple service destinations in and outside of the area that would appear to pose the major challenge to human service transportation coordination. As the project solicitation and selection process evolves, more refined and geographically-specific data and projections may be required within future analyses to more accurately assess priorities within the Planning and Programming Area.



Source: 2000 Census of Population

4. Survey Results

A survey developed by the Capital District Transportation Committee was adapted and distributed by A/GFTC to human service organizations within the planning and programming area (the survey is included as Appendix A). Meetings were conducted with the County Administrations in both Warren and Washington Counties to introduce department heads to this planning process and to attempt to maximize responses. In all, 26 completed surveys were returned to A/GFTC. Those results are summarized below:

- **Client Characteristics**

Most of the agencies listed seniors (ages 60+) and adults (ages 18-59) as the age groups that they cater their services to, outnumbering children (0-12) and youth (13-17) by nearly two-fold. Seven of the responding organizations tailor their assistance exclusively to seniors and ten of the organizations serve clients in all of the four age classifications. The special needs subgroups identified most frequently by service agencies were as follows (in descending order):

- persons with physical disabilities
- low-income or public assistance clients (tie)
- persons with mental illness (tie)
- persons with medical problems
- persons with developmental disabilities

Children with disabilities were served by the fewest number of respondents, followed closely by clients with substance abuse issues.

Slightly more agencies (22) reported clients residing in Warren County than in Washington County (17) with only 9 organizations serving clients in northern Saratoga County. Two agencies reported clients in Hamilton County and one listed clients in Essex County. Outside of those defined areas, one organization provided assistance to homeless clients. Cumulatively the agencies responding to the survey serve over an estimated **143,000** client requests annually. That number is approximately equal to the total population of Warren County, Washington County, and the Town of Moreau.

The proportion of clients identified by agencies as having some sort of transportation limitation ranged from 2.0% to 100.0% with an average rate among the agencies of 58.8%. No respondents reported that 100% of their clients did not have a limitation. Five respondents categorized all of their clients as having some transportation limitation(s). The issue of financial limitations (people that cannot afford a personal vehicle or other transportation costs) was cited by the most agencies, followed closely by physical disabilities, living in remote locations, and age-related disabilities. Mental health and developmental disabilities were cited somewhat less frequently, and hearing and visual impairments were reported with the least frequency. As for the types of assistance that clients with transportation limitations required, assistance getting in and out of a vehicle, the need for a personal care attendant or escort and wheelchair lifts were listed most often.

Slightly over ½ of the responding agencies dedicated staff on either a full- or part-time basis to assist clients with trip planning or travel training assistance. Twelve of the responding agencies reported that 90-100% of their clients were responsible for arranging their own transportation, and nine of those twelve do not reimburse their clients for their transportation expenses.

- Agency Transportation Characteristics

When asked to provide their concerns about the provision of transportation service to those clients in need, three common themes emerged:

- challenges posed by the rural geography of the area
- issues relating to time (span and duration of services, travel times, and not having sufficient planning time to react to client requests)
- cost

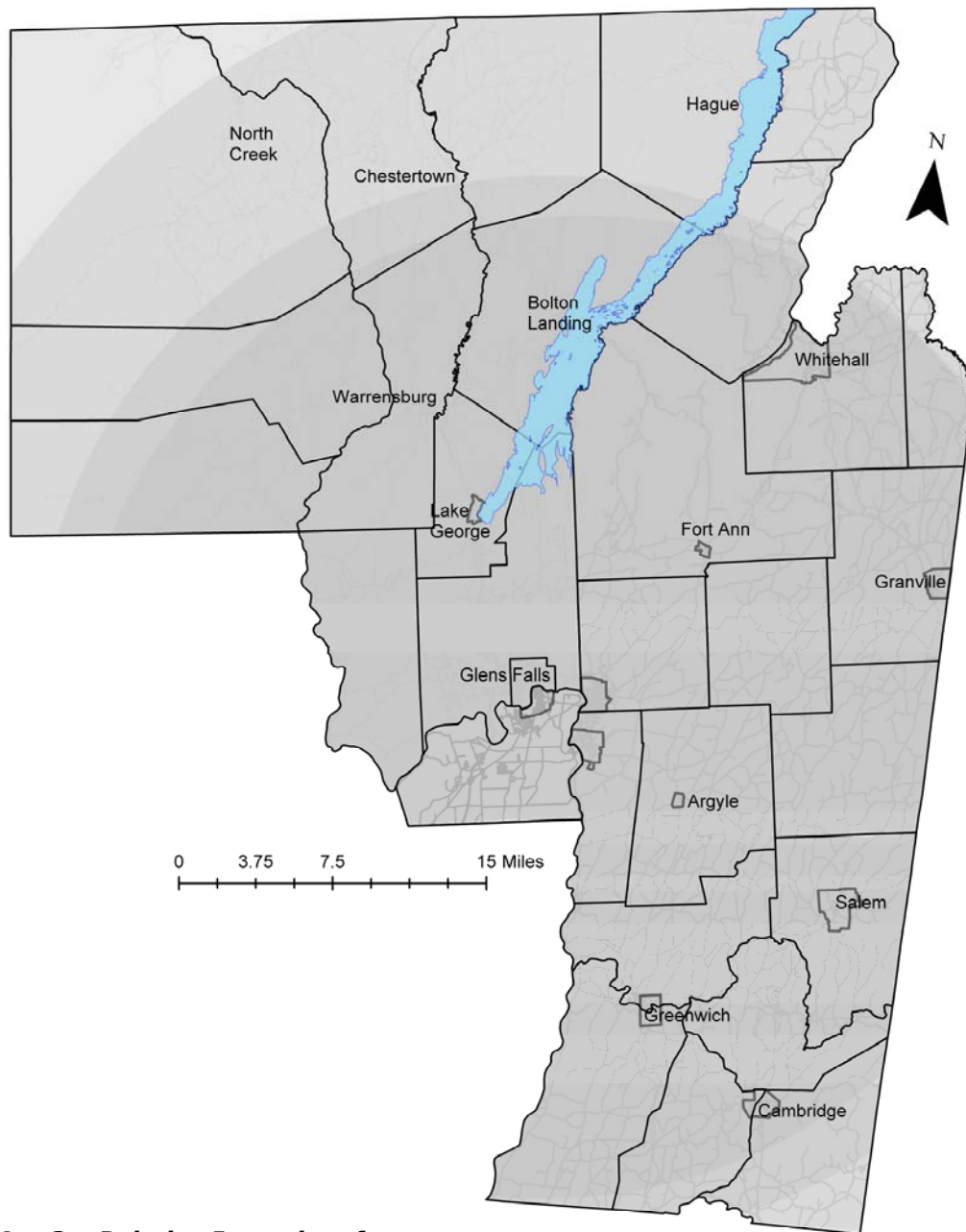
All three of those concerns were cited with equal frequency. Other issues noted included access to existing services, availability of escorts, equipment limitations, administrative issues related to Medicaid, insufficient number of vehicles and/or seating capacity, reliability, and prioritizing clients based upon need.

Sixteen out of the twenty-five organizations that responded provide direct transportation assistance to their clients, usually in the form of agency-owned or leased vehicles. Employees or volunteers using their own vehicles to assist with client transportation were far less common, and, more often than not, those employees were not reimbursed for expenses related to client transportation. As a practice, the provision of purchased transportation was far less common than direct transportation assistance. Of the eleven organizations that reported that purchased transportation assistance was available, six of those also provided direct transportation. The most common purchased transportation assistance was the provision of tokens or passes for use on Greater Glens Falls Transit services, followed by contractual arrangements with not-for-profit transportation providers and cash reimbursements for transportation costs. Four organizations provided no transportation assistance to their clients.

An estimated 143,575 one-way trips were provided or arranged by the 21 organizations that offered transportation assistance to their clients, with 98.9% of those trips occurring from Monday through Friday of any given week. Only four organizations did not restrict their services exclusively to their members. A slightly higher number of the restrictions (9) were due to funding source requirements rather than organizational policy (7). Demand-responsive and special event-related trips outnumbered fixed-route or recurring trips as set by either the agency or the consumer. Restrictions on range of services were typically more closely aligned with what municipality the organization was a part of (i.e. County agencies often could only transport County residents) rather than fixed distances, although three organizations did limit trips to only those under 35 miles in length.

A wide variety of trip purposes were listed, with medical appointments and social or recreational programs occurring most often. Personal errands and social service and treatment appointments were also common. Congregate meals, legal assistance and court activities were comparatively less common.

Mirroring the age groups that the various organizations are geared towards, most transportation services were provided to seniors (60+) and adults (18-59). Only six organizations provided transportation to children twelve years of age and under. Physical disabilities and medical problems were the most common handicapping characteristics of transported clients.



Map 3 – Relative Intensity of Transportation Services

Darker shading indicates a higher concentration of service providers

- **Fleet and Operator Characteristics**

Of organizations that operated their own vehicles, ½ performed their own fleet maintenance and the other ½ contracted with an outside vendor or another municipal department. Only two agencies relied on volunteers to drive those vehicles; the other organizations were again evenly split between using dedicated drivers on staff and non-driving-specific staff. The vast majority of those driving vehicles have received some form of additional training or certification despite the fact that only four of the responding organizations stated that that was a requirement.

Two-thirds of the affected organizations were required to comply with NYSDOT vehicle inspections. Seven organizations reported one or more challenges incurred while operating their respective transportation programs. Specific challenges noted most frequently included lack of adequate funding, difficulty recruiting and/or training drivers, inadequate number of vehicles, and insufficient responsiveness to client requests due to vehicle maintenance issues.

- **Vehicle Utilization Characteristics**

Denied or cancelled trip requests were very infrequent among the respondents with one notable exception. One organization that caters exclusively to seniors noted that an estimated 75% of its trip requests were denied based upon insufficient capacity.

Three organizations reported occasional surplus or unused vehicle capacity. Occasional vehicle downtime was reported by six organizations; four of those characterized that downtime as being predictable.

Only five organizations stated that they participated in some sort of vehicle or service coordination arrangement with other agencies. Those arrangements were limited to the transport of non-organizational customers, coordinating services with other agencies, or the sharing of vehicles, drivers, or dispatching services. No organizations jointly funded vehicles, maintenance services, or fuel. Of the five organizations that provided transportation to clients of other agencies, two of those arrangements were established via contract or MOU, another two relied upon interorganizational reimbursement based upon the volume of services provided, and the fifth does not have a reimbursement arrangement in place.

- **Conclusions from survey data**

There is an extensive range of human services clients throughout the A/GFTC Planning and Programming Area, spanning all age brackets and characteristics. More organizations serve adults and seniors than children and young adults. Physical disabilities, income limitations, and mental illnesses were the most common handicapping characteristics. Medical appointments and social and recreational programs were the dominant trip purposes. These responses emphasize that providing transportation is more complex than simply supplying a vehicle and a driver, as many of these clients require additional assistance, special equipment or supervision.

Over one-half of the responding agencies dedicated full- or part-time staff services for the purpose of arranging client transportation. Many of these staff hours could likely be spent furthering other agency objectives should a coordinated and cooperative transportation service system be instituted. One-half of the organizations that operated their own vehicles were reliant upon another organization for vehicle maintenance. Ideally it should not be necessary for every organization that has clients with transportation limitations to have dedicated staff and vehicles for client transportation.

The most commonly cited challenges to transportation provision were rural geography, time, and cost. Extending the service hours of public transportation to include additional night and weekend services partially addresses those concerns within the urban area but does not solve the issue of limited service to rural clients. Based upon the existing geographic range of transportation availability, the following locations can be classified as underserved by access to and from the Glens Falls Urban Area:

- Northern Warren County (North Creek, Hague, Chestertown and Warrensburg)
- Southern and eastern Washington County (Cambridge, Salem, Greenwich)
- Northern Washington County (Whitehall, Granville, Putnam)

- Town of Moreau (not a function of distance; many responding organizations provide services that are specific to either Warren or Washington County-based clients)

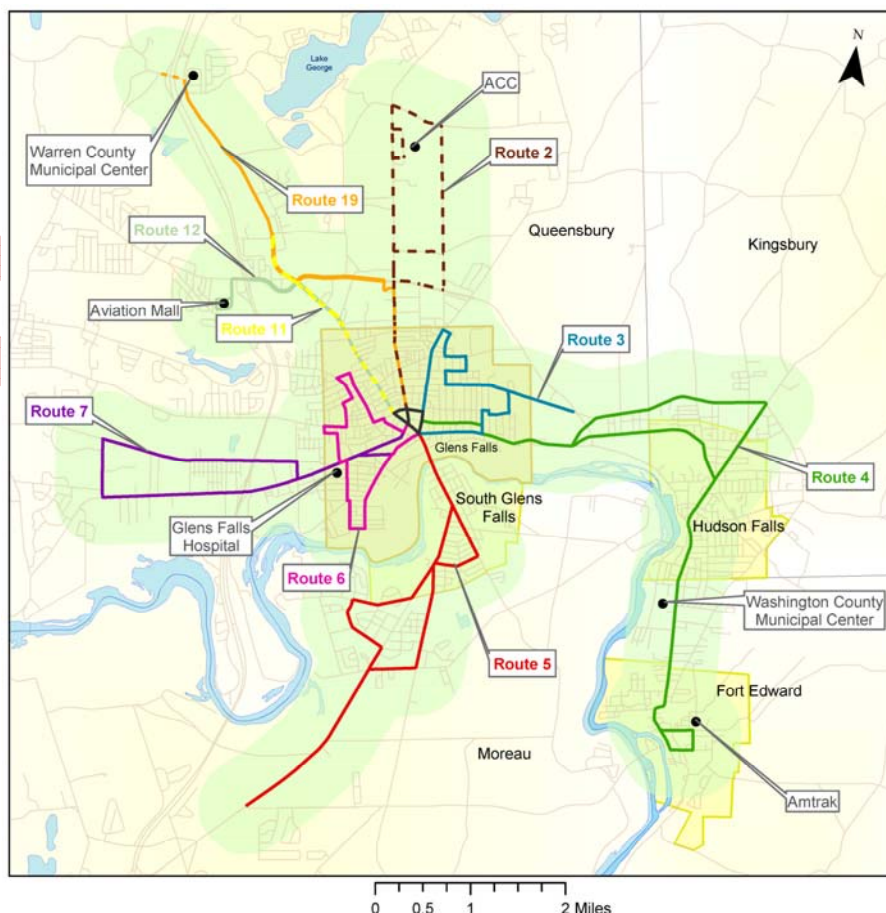
Few agencies reported having to deny trip requests with one major exception. This indicates that although services and providers are somewhat dispersed, the needed accommodations for most clients are generally being met. The volume of annual trip requests (over 143,000, with almost 99% of those estimated to be between Monday and Friday) suggests two things: (1) coordination could have substantial benefits to many clients and organizations, and (2) that the issues of service coordination are largely manageable within the standard municipal work week.

5. Public Transportation System

Within the Glens Falls urban area, Greater Glens Falls Transit (GGFT) operates year round public transportation services to eleven contiguous municipalities (map below). In 2007, GGFT carried 329,000 passengers on its fixed-route, paratransit, and seasonal trolley services. Transit service operates between the hours of 6:00am and 10:00pm Monday through Friday and from 8:00am till 10:00pm on Saturdays. The base fare is \$1.00 with a 30 cent charge for transfers. Persons sixty years old and older and those with disabilities may ride for ½ fare. GGFT also offers a variety of discounted passes and tokens for frequent riders as well as agency clients.

In December 2007 GGFT began operation of extended evening hours through the cooperation of the Departments of Social Services in both Washington and Warren Counties. GGFT has regularly made adjustments to its routes when warranted to accommodate service needs of commuters and elderly & disabled passengers.

Year-Round Public Transit Service within the Urban Area



6. Issue Summary: Gaps, Needs, and Obstacles

• **Service Gaps**

Based upon 2000 Census data, the results of the survey, and several face-to-face meetings and discussions with operators and providers, the following underserved areas or elements of the population have been identified within the A/GFTC Planning and Programming Area:

Rural Services

Outlying population centers are typically underserved by transportation services, despite the fact that those services are becoming increasingly necessary. General and specialized medical services, retail outlets, grocery stores and other services continue to prefer the customer and client bases afforded by urban and suburban settings. When those services locate in more densely populated areas, the associated jobs and social and economic activity follow suit. Additionally, seniors continue to enjoy longer lives through advances in medical care and a greater emphasis is placed on home-based rather than institutionalized care. The cumulative effects of these trends are that (1) a greater number of people are living at greater distances from both necessary and desired services than in the past, and (2) jobs are concentrating away from rural areas. Past efforts to operate regular fixed-route public transportation services to rural areas have proven to be financially unsustainable due to the capital costs associated with travelling extended routes coupled with low ridership.

Night and Weekend Services

The majority of human services trips are generated on weekdays during standard business hours, but there remains a demand for expanded transportation availability to include nights and weekends, particularly for job access and shopping. While Greater Glens Falls Transit does operate on Saturdays, the number of trips to and from the various regular destinations is slightly reduced from a typical weekday. Sunday services are currently not offered. GGFT has re-instituted nighttime services along two of its most heavily travelled service runs on a trial basis to assess potential ridership. The well-utilized seasonal trolley services operated by GGFT also address many of the needs of summertime retail workers, but these services are only available locally during the peak tourist season of May-October. Additional financial assistance could be used to sustain or expand evening, weekend and trolley services.

Transportation Services for Young Adults

While medical care trips are the predominant form of human services transportation within the A/GFTC area, mobility for able-bodied young adults is often overlooked. Of particular concern is the growing number of teenagers that work at a considerable distance from home. For many, the personal costs of transportation can quickly negate the economic benefits of either part- or full-time employment.

Short-Notice Trips

Many service organizations noted that trips arranged on short notice (such as those necessitated by urgent medical appointments or as a result of cancellations or rescheduling) are very difficult to accommodate. Contracting transportation providers such as taxi services often schedule well in advance and the availability of service is often predicated by adjacent appointments or trips. The variety of transportation operators whose services that may or may not be available at a given time compounds the problem.

- **Service Needs**

For the purpose of this Plan, service needs are defined as those resources, facilities and other considerations that have been identified by participating agencies as having the ability to positively impact the availability and provision of human services transportation.

Centralized Mobility Management

There is broad support among Plan participants for the establishment of a centralized mobility management center. The full evolution of this concept would be a human service transportation center that could both coordinate and provide transportation services for a wide variety of clients and trip purposes. Such an evolution would likely never replace the need for all existing independent operators and agency-specific trip purposes but could defray human service agency transportation costs through economy of scale. Although such a concept cannot be implemented quickly, there are a number of incremental steps that can be taken in the short term to advance this goal.

Regional Vehicle Repair Center

Shared and coordinated services can take many forms. While several organizations indicated that they have maintenance agreements in place with other departments, a regional vehicle repair center of sufficiently large scale to allow its operator to accommodate the routine maintenance and repair needs of vehicles owned by other outside agencies has the potential to further save on maintenance costs, staff time, parts procurement, and other expenses related to operating vehicles. No such facility has been identified to date; construction and/or operation of a shared repair center would appear to be eligible for Section 5310 funds per Federal statute should New York State relax its own funding restrictions on the program.

Additional staff resources

Many organizations noted that more services could be provided with more personnel that are available. Aides, drivers, and trip coordinators are in demand. Many of these functions are served on a part-time or as-needed basis by employees that were not necessarily hired or ideally qualified to do so.

Additional training

Expanding the capabilities of existing staffs through training and/or certifications is another strategy to improve staff resources. Training can likely be coordinated within the region by shared or pooled funding. However, having employees that are qualified to perform more tasks is only a partial solution to the larger issue of limited staff resources.

More Vehicles

Having more vehicles dedicated to human services transportation would improve upon the range and frequency of existing services, but most participating agencies readily acknowledge that solving the many issues related to transportation coordination is more involved than simply expanding the size of the collective motor pool. Vehicle ownership and operation entail a variety of direct and indirect costs in terms of capital and personnel resources that some departments are either unwilling or unable to assume. Yet, others have clients whose needs cannot be met by other organizations or operators. Section 5310 funds will continue to provide new vehicles to qualifying organizations, but this Plan should reinforce that those vehicles are granted towards applicants that have (1) demonstrated in the past or are willing to engage in service coordination activities, or (2) clients whose needs simply cannot be addressed by other participating organizations.

More funding

The greater availability of funds can potentially address several of the items previously listed to some degree, if perhaps not all at once. Short-term investments will be necessary to address immediate resource shortages, but the shared vision of a centralized and coordinated transportation management entity will not be realized by dedicating all available funding to address the specific needs of several organizations independently. In fact, continuing to expand the number of agencies that are granted their own vehicles and equipment outside of a coordinated program will serve to increase the magnitude of the problem that this Plan is tasked to address.

- **Obstacles**

The participating agencies had much to share with regards to conditions or policies that contribute to the shortage of coordinated transportation services. Although there is cause for optimism that the formulation and implementation of this Plan will help address some of the cited issues, still others will require fundamental changes in statewide or national policies before they can be resolved. The following are noted as realistic challenges towards full implementation of a coordinated human services transportation system, but should not be considered as “fatal flaws.”

Funding source restrictions and organizational policies

As noted in the survey results, only four of the 21 responding agencies that provide transportation services reported that they did not restrict those services to their own clients. The two primary limitations that were identified were (1) restrictions on funding and (2) organizational policy. While much can be gained at the County level by loosening policy restrictions between departments, the issue of funding source restrictions will not be solved at the local level without assistance from State and Federal partners.

Client Unwillingness

Frequently cited as an obstacle was the tendency for certain clients to not want to share their transportation services with other clients, some even going as far to obtain notes from their physicians stating that the patient is not fit to ride a bus. This concern would seem to be well beyond the span of influence for the client who is likely being transported as a service at little or no direct cost to the individual. Improved coverage and efficiency of transportation services that could result from enhanced coordination would ideally mitigate some of these reservations.

Client Incompatibility

A much more substantial issue than unwillingness is the fact that certain clients will not be compatible with one another, particularly those served by different organizations. Still others have handicapping characteristics or care requirements that make sharing services unrealistic. Legal issues could arise in the cases where clients that have criminal histories or existing parole conditions could be grouped with children or the physically or mentally disadvantaged. Agencies that provide transportation will need to be afforded the necessary legal cover to obtain information regarding the nature and history of the clients that they are transporting to avoid potentially undesirable consequences.

Insurance Policy Restrictions

As an example of another obstacle that will not be removed at the local level, Plan participants also noted insurance and liability restrictions that would likely prevent the sharing of vehicles or the integration of differing client bases if left unchanged. Intuitively it would stand to reason that coordinating services by reducing the number of operators acting independently in

conjunction with providing those services through a greater number of professionally trained and licensed drivers and aides would reduce potential liability.

7. Vision , Actions and Recommendations

VISION

The demand for improved and expanded human services transportation services will increase in the very near term as the largest segments of the domestic population enter their later stages of life and will be sustained as advances in medicine and care technology allow people to live longer lives. The current Federal emphasis on shifting assistance from institution-based towards more home-based care will accelerate that upward trend in demand.

Most organizations contacted throughout the development of this Plan are accommodating the majority of the transportation needs of their clients, albeit at significant costs in terms of finances, time and personnel. The intent of this Plan is not to state that the existing transportation services as a regional collective are inefficient or broken, but rather that they can be improved. Fortunately, no entities acknowledge this more readily than the human service organizations themselves. While some agencies without vehicles are justified to seek new equipment and vehicles in order to meet their needs, others would like to rid themselves of the requirements of vehicle ownership and operation altogether.

In order to maximize regional transportation efficiencies, all future coordination efforts should first seek to maximize the use of available public transit services. In cases where public transit is unable to meet service needs, a coordinated system that shares community transportation resources and needs shall be developed over time in a way that is responsive to the needs identified within this plan. Areas for potential coordination include but are not limited to: sharing of vehicle capacity, shared maintenance facilities, joint training, and centralized scheduling as appropriate.

ACTIONS AND RECOMMENDATIONS

The principal goal of this Coordinated Human Services Transportation Plan is to improve the efficiency and effectiveness of existing services. In many cases, the motivation to do so already exists in the desire to reduce associated costs and expand services to clients that are currently underserved. The commitment of municipalities and service providers to engage the issues associated with transportation coordination is essential for this Plan to succeed. Improvements can be realized at the individual municipal level well before a regional single-operator system could evolve. Noting that, the following Actions and Recommendations have been compiled to forward the implementation of steps designed to improve the coordination of existing services in the shorter-term while working collectively towards the longer-term goal of a single-operator transportation coordinator and provider.

Actions:

1. *A/GFTC will establish and chair an Areawide Human Services Transportation Committee to review and monitor progress of this Plan and its recommendations. Regular participation on this committee will be required of agencies that seek funding from Section 5310, 5316, and 5317 programs.*
2. *The Section 5310 program application review process will be updated to reflect the additional commitment that is necessary to advance this Plan. Beginning in SFY 2008-2009, funding priority will be given to applicants that can demonstrate a history of service coordination activities before other applicants will be considered. Beginning in*

SFY 2010-2011, no Section 5310 funds will be awarded to agencies that cannot demonstrate progress in coordination activities, regardless of funding availability.

3. *Based on the consensus opinion that the public transit operator is in the most advantageous position to provide meaningful and regular job-related transportation to the non-disabled, Section 5316 funds will be directed towards sustaining or expanding existing GGFT operations, including evening and weekend fixed-route services.*
4. *Mobility management activities will be the primary focus of Section 5317 fund distribution. Shorter-term investments designed to build upon existing transportation services will be entertained as well, but some funds made available from this program will be pooled annually to build the necessary reserve to initiate true service coordination activities.*
5. *A/GFTC will commit staff resources as available and requested towards working with public agencies and private not-for-profit organizations to continue identifying and implementing transportation coordination activities.*

Recommendations:

1. *NYS DOT is hereby requested to consider expanding eligible project candidates for Section 5310 funds. Historically, 5310 funds have only been used within New York State for the purchase of new vehicles. Mobility management, communications equipment, contracted services, and preventive maintenance are example of eligible activities as defined by FTA that could potentially be more beneficial towards advancement of services coordination than simply expanding the size of the regional vehicle fleet.*
2. *Service coordination opportunities should be initiated at the municipal level. A/GFTC is not a regulatory entity and has limited influence on the actual provision and operation of human services transportation. County-level transportation services offer many opportunities to further transportation coordination well in advance of any foreseen inter-county collaborations. A/GFTC staff is committed to assist with these efforts.*
3. *A further quantification of transportation needs should be determined through a more refined geographic analysis. It is anticipated that overall value of funding requests will exceed the amount of available funds. Therefore, new programs and awards will require careful prioritization to ensure that the human service transportation funds are directed towards the most pressing needs or to those programs that will have greatest benefit to region-wide mobility.*
4. *Private practice providers of services are hereby encouraged to work with the human services agencies to coordinate scheduling on a geographic basis to the extent possible to reduce the need for rural-to-urban trips. Some successes have been realized with pre-arranged on-site visits to larger care facilities but it is very likely that significant additional improvements can be made in this area. Service agencies should recognize participating practices and encourage their clients to utilize them.*
5. *Agency directors and local officials should begin the process of removing department-level obstacles such as organizational policies. Where restrictions are attached to the funding conditions at the State and Federal program levels, those restrictions should be inventoried and presented as barriers towards implementation of shared services to the appropriate State and Congressional representatives for their consideration.*